

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS1774AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/24/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>LOYALTON OF LAS VEGAS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3025 E RUSSELL ROAD LAS VEGAS, NV 89120</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a State Licensure Re-survey conducted in your facility on 3/24/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for 105 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 84. Seventeen resident files were reviewed and 12 employee files were reviewed. Two discharged residents files were reviewed.  The following deficiencies were identified:	Y 000		
Y 878 SS=G	449.2742(6)(a)(1) Medication / Change order  NAC 449.2742 6. Except as otherwise provided in this subsection, a medication prescribed by a physician must be administered as prescribed by the physician. If a physician orders a change in the amount or times medication is to be administered to a resident: (a) The caregiver responsible for assisting in the administration of the medication shall: (1) Comply with the order.	Y 878		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 878	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 3/24/09, the facility failed to ensure 1 of 19 residents received medications as prescribed (Resident #7).</p> <p>Findings include:</p> <p>Resident #7 was admitted on 1/15/08 with diagnoses of generalized seizure disorder, hypertension, osteoporosis, chronic dizziness, dementia, aortic regurgitation, persistent falls and pulmonary nodules.</p> <p>On 10/21/08, Dilantin 100 milligrams (mg) was ordered to be given three times a day. Upon review of the residents Medication Administration Record (MAR) for January 2009, Dilantin was not given on 1/23/09 and 1/31/09 at 6 am and 2 pm. There was no documented evidence as to the reason the medication was not given.</p> <p>On the February 2009 MAR, Dilantin was not given from 2/1/09 at 5 PM until 2/6/09 at 12 PM. The documentation on the back of the MAR revealed "not given nurse notified". On 2/23/09, the Dilantin was not given at 8 am, 12 noon and 5 pm. There were no service notes indicating the reason the medication was not given.</p> <p>On 2/24/09, the resident had a seizure in the hallway and fell to the floor hitting her head according to the service notes. The resident was transferred to Desert Springs Hospital.</p> <p>The pharmacy review notes from February 22-24, 2009 revealed "Dilantin 100 mg TID (three times</p>	Y 878			

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Y 878	<p>Continued From page 2</p> <p>a day) not in cart. Last sent 1/13/09 - 12 day supply. Will send (pending return to Community)."</p> <p>The History and Physical Examination from Vegas Valley Rehabilitation Hospital (skilled nursing facility) stated "This is a 75-year-old female, who has been to Vegas Valley on previous admission, admitted from Desert Springs Hospital with the prior history significant for seizure disorder, which in the past has been noted to be uncontrolled and subtherapeutic Dilantin levels,...".</p> <p>On 2/24/09 at 3 pm, Employee #1 indicated Resident #7 had been seen by the Neurologist and the primary care physician. The employee revealed she did not know why the staff did not provide any notation in the service notes.</p> <p>Severity: 3      Scope: 1</p>	Y 878			

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